

DAY CARE PROVIDER STAFF HEALTH REPORT

USE OF FORM: When completed and on file, this form meets the requirements of HFS 45.04(4)(a) and HFS 46.05(1)(j) of the Wisconsin Administrative Codes.

INSTRUCTIONS: The examining health professional will complete this form and return it to the day care provider for placement in the staff file.

Name - Day Care Provider (Last, First, MI)		Position
Date - MANTOUX Tuberculin Skin Test	Results of Test <input type="checkbox"/> Positive <input type="checkbox"/> Negative	If positive, was a chest X-ray completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

1. I certify, based upon my examination, that this person appears free of symptoms of illness or communicable disease that may be transmitted through normal contact.

2. I certify, based upon my examination, that this person appears to be physically able to work with children.

NOTE: This individual will be in contact with children receiving child care services and may be responsible for the physical care and social development of young children during the hours child care is provided. Some lifting of young children may be required.

3. Comments:

SIGNATURE - MD, PA or Health Check Provider		Name - Examining Health Professional (Type or Print)
Address - Health Professional Office (Street, City, State, Zip)		Examination Date (mm/dd/yyyy)